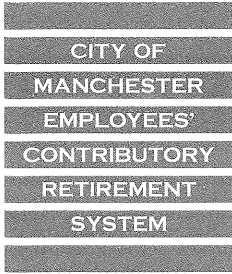


Manchester Employees' Contributory Retirement System
REFUND APPLICATION / DIRECT ROLLOVER FORM



The distribution you are requesting from the City of Manchester Employees' Contributory Retirement System is eligible for rollover to another qualified plan or an Individual Retirement Arrangement (IRA). If you elect to have all or any part of the taxable portion of your distribution directly rolled over, no Federal income tax will be withheld from your distribution. Federal income tax will be withheld from the taxable portion of your distribution which is not directly rolled over. For more information, see the enclosed "Special Tax Notice Regarding Plan Payments". **You should understand that unless you are re-employed by the City and rejoin the plan, this action will negate your eligibility for post-retirement health insurance subsidies and lifetime annuity benefits.**

1. Participant Name	2. Participant SSN	3. Participant Date of Birth
4. Participant Address		
<p>5. I have read the Special Tax Notice Regarding Plan Payments and hereby elect the following (please check one):</p> <p><input type="checkbox"/> I want the distribution paid directly to me. I understand that 20% of the taxable portion of the distribution will be withheld for Federal income tax. I also understand that the MECRS cannot refund amounts withheld for Federal income tax.</p> <p><input type="checkbox"/> I want 100% of my distribution to be issued as a Direct Rollover to an IRA or eligible employer plan. No Federal income tax will be withheld.</p> <p><input type="checkbox"/> I want \$_____ of my distribution to be issued as a Direct Rollover to an IRA or eligible employer plan, with the balance paid directly to me. (The rollover amount will first be paid from the taxable balance and then from the non-taxable balance, if applicable).</p> <p>Note: Not all plans will accept the rollover of after-tax funds. If you are requesting a rollover of after-tax funds, please verify that your desired rollover recipient will accept a rollover of after-tax funds BEFORE submitting your request.</p>		
<p>6. If choosing a direct rollover in section 5, please complete the following:</p> <p>Type of plan receiving rollover: IRA_____ 401(a)_____ 401(k)_____ 403(a)_____ 403(b)_____ 457(b)_____</p> <p><i>*If you are rolling over to a plan other than an IRA, please attach a statement from either the trustee or plan administrator verifying that the plan will accept a direct rollover.</i></p> <p>Name of IRA or Qualified Plan_____ Account No._____</p> <p>Please make check payable to: _____</p> <p>Plan Mailing Address: _____</p> <p>I understand that the check for the Direct Rollover will be made payable to either the financial institution or the receiving plan and I request that the check be mailed to (check one):</p> <p><input type="checkbox"/> the financial institution or receiving plan <input type="checkbox"/> me, for delivery to the financial institution or receiving plan</p>		

I hereby certify that the information provided is true and correct to the best of my knowledge and belief. I understand that my election is irrevocable and the check will not be voided unless an error was made regarding the distribution amount.

Signature of Participant

Date

Manchester Employees' Contributory Retirement System
1045 Elm Street, Suite 403
Manchester, NH 03101-1824

REFUND APPLICATION / DIRECT ROLLOVER FORM – Page 2
MANDATORY SPOUSAL ACKNOWLEDGEMENT

Chapter 218:30 Laws of 1974 as amended require that spousal consent be given on the selection of retirement options as may be applicable. The completion and submission of this form is a mandatory prerequisite to the refund process **for members over age 60 or with five years or more of service.**

Section One: Applicant Information	
Applicant's Name _____	Applicant's SS Number _____

Section Two: Either Part A or Part B Must Be Completed	
Note: If Married, an Applicant's Spouse must complete Part A in the presence of a notary public or a justice of the peace. If unmarried, an Applicant must complete Part B.	
<hr/>	
Part A. Spousal Acknowledgement	
I hereby attest that I am the spouse of the applicant for refund identified above, that I have been informed of and understand that the refund option being requested by my vested spouse disqualifies them from any future annuity payment plan in exchange for the cash payout, and that I consent to their withdrawal from the Plan.	
Signature of Spouse _____	Date _____

Part B. Applicant Certification	
I hereby attest that I am not married at this time and therefore may select a refund of accumulated contributions and interest without spousal consent.	
Signature of Member _____	Date _____

State of _____	
County of _____	
On this _____ day of _____, _____, before me personally appeared _____, known to me to be the person whose name is signed above and who, under oath, executed the foregoing Spousal Acknowledgement or Applicant Certification. WITNESS my hand and office seal.	
Notary Public/Justice of the Peace _____	
My Commission expires _____	